

praiseworthy work the Rockefeller Foundation is doing so well in so many ways and admitting the fine motives that we are ready to believe activate the trustees of the Foundation, many physicians and other persons nevertheless feel that they are delaying the consummation of some things much to be desired by methods that are at least immature.

#### WHAT'S THE MATTER WITH THE COUNTY SOCIETY?

Now and again—with increasing frequency of late—there comes notification of the organization of an independent medical society, a physicians' "club," or of the creation of some sort of association of physicians already members of a county medical society. The announcement of one of these, recently organized, stated: "The idea primarily guiding the establishment of such an organization is one which aims at developing greater social intercommunication and better human relationship among members of the profession." What's the matter with the county medical society in that bailiwick?

Another independent organization announced its birth into this overorganized world with a statement to the effect that it was intended to bring about a better understanding among members of the profession and its community, with respect to their social and professional privileges and obligations, and to create firmer friendships and more constant and effective general co-operation between its members; but more particularly to give better opportunity for them to help each other to become better qualified as practicing physicians. What's the matter with the county society in that bailiwick?

What is it that these purely local medical groups can do that the county society cannot do? Just what is the matter with the county society within whose jurisdiction independent organization is being effected by its own members? It may be that a careful investigation into the situation by its officers will discover something wrong and that a little careful study will result in correction, to the end that the need for new non-affiliated organizations will quickly disappear. Incidentally, the district council might help some. —American Medical Association Bulletin.

#### "IN TWENTY-EIGHT CASES THE PATIENTS WERE—"

I have just completed the editorial examination of three articles submitted for publication in CALIFORNIA AND WESTERN MEDICINE. Improper and even stupid use of "case" or "cases" was corrected in over fifty places in the some 12,000 words contained in the three articles.

Instances like the above heading, where the author goes out of his way and adds useless words to his article apparently solely in order that he may use his beloved word "case" are extremely common in many, many manuscripts.

The "treatment of cases"; the "death of cases"; the "improvement of cases"; "the early stage of cases"; and scores of similar faulty uses of this word by writers who know better contribute a tedious and trying problem to every medical editor.

"Case" and "cases" are perfectly good words when properly used; but they neither die, get well,

nor do many of the other things they are charged with. "*Case*" is not synonymous with "*patient*."

I do not pretend to be a stickler for excellent English, and believe in granting to everyone the right to use words, as he does methods, as his servants. *But there are limitations beyond which no one should go.*

#### MEDICAL HISTORY

The May number of CALIFORNIA AND WESTERN MEDICINE will be devoted largely to articles about the history of Medicine—particularly California medicine.

Doctor Hans Barkan, secretary of the Pacific Coast Society for the Study of the History of Medicine and the Natural Sciences, has assumed co-editorial responsibility for the number. Several articles are already in hand, and arrangements have been completed for others. Doctor Barkan, 516 Sutter street, San Francisco, welcomes suggestions, notes or short, carefully prepared articles upon any phase of California medical history, provided they are in his hands before March 1.

We are particularly anxious to have a copy of "A History of the Medical Profession of Southern California," written some years ago by George Kress. Any reader who may have a copy will assist us by loaning it to our office.

#### A FREQUENT FAULT OF MEDICAL WRITERS

A recent article in a medical journal opens with this statement: "Diet in pregnancy has been given too little attention by the medical profession, and even obstetricians do not, as a rule, scientifically determine the composition of the patient's diet, as to caloric value, and relative carbohydrate, fat, and protein content."

Further on in the article the author says: "As one endeavors to lay out a diet for the pregnant woman, it becomes apparent at once that there can be no routine diet for pregnancy. Intelligent management demands that each patient receive special attention. For some patients there need be no modification from the usual diet, while for others very rigid restrictions must be made."

It is often stated that one of the reasons for writing a medical article is to bring the author's conclusions, and incidentally the author, to the attention of his colleagues. *Why then open an article, as so many do, with a criticism of doctors and thus invite the reader's resentment as many writers do?* The above quotation is chosen because the criticism is exceedingly mild compared with that in copy as most editors first see it.

One of the most difficult and inexcusable problems every medical editor has to solve is to delete from medical manuscripts, or render innocuous, criticisms of physicians, usually unwarranted.

**WE WISH TO MAKE A PLEA TO OUR AUTHORS TO SAVE THE EDITOR TIRE-SOME WORK AND ENHANCE THE VALUE OF YOUR CONTRIBUTIONS BY OMITTING CRITICISM OF FELLOW PHYSICIANS FROM SCIENTIFIC ARTICLES. IF AN AUTHOR WISHES TO CRITICIZE AND WILL DO SO IN A SEPARATE LETTER OR ARTICLE WE WILL PUBLISH IT IF IT IS NOT LIBELOUS.**